



**Texas Health Care
Information Council**

Regions

- ☐ Central Texas
- ☐ East Texas
- ☒ **Gulf Coast Texas**
- ☐ North Texas
- ☐ Panhandle/West Texas
- ☐ South Texas

Your HMO

QUALITY

CHECK-UP

2001

**A Consumer's Guide to
Texas Commercial HMOs**

Table of Contents

Introduction	Page
Texas Health Care Information Council.....	3
Health Maintenance Organizations	5
Performance Measures	6
Service Areas and Plans	7
Gulf Coast Texas Map.....	8
How to Read This Report	9
Some Other Important Things to Consider	10
Performance Measures	
Qualified Providers	
Board Certified Physicians	12
Practitioner Turnover.....	14
Staying Healthy	
Breast Cancer Screening	16
Cervical Cancer Screening	18
Prenatal Care in First Trimester of Pregnancy	20
Well Child Check-ups in First 15 Months of Life....	22
Living with Illness	
Eye Exams for Diabetic Retinal Disease	24
Customer Satisfaction	
How People Rated Their Health Plan	26
Other Helpful Information	
Products Reported	28
HMO Membership	28
NCQA Accreditation Status	28
Other Quality Indicators.....	29

The Texas Health Care Information Council (THCIC) was created by the Texas Legislature to help Texans obtain the best possible information about health care. The Council collects a broad range of data on health care quality and patient satisfaction and uses these data to create informative publications like this one.

This guide contains a snapshot of the quality of care managed by commercial health maintenance organizations (HMOs) operating in the **Gulf Coast Texas** region during the calendar year 2000. Similar guides are available for five other regions of the state including North Texas, East Texas, Central Texas, Panhandle/West Texas, and South Texas.

A more detailed report, *Straight Talk on Texas HMOs – A Purchaser’s Guide*, provides an in-depth look at every performance measure collected from commercial HMOs in Texas. This report, expected to be released fall 2001, and all reports published by THCIC are available on the Council's web site at www.thcic.state.tx.us.

Texas Health Care Information Council
206 East 9th Street, Suite 19.140
Austin, Texas 78701
Telephone: 512-482-3312
Facsimile: 512-483-2757

Published August 2001

Choosing a health care plan for your family is an important, but often difficult, decision. With a variety of plans available, how do you know which one to choose? What makes a good HMO? These are simple questions, but unfortunately there aren't simple answers. Although all health maintenance organizations (HMOs) provide basic health care services, as required by law, each operates under different management styles, contracts with different health professionals and may offer additional health care services.

Whether you are in the market for the services of a new HMO or evaluating your current plan, this guide can help you make an informed decision when choosing a plan that best meets the health care needs for you and your family. It presents a snapshot of some of the preventive services offered by HMOs, includes selected indicators of quality, and compares HMOs with regional and state averages.

The Texas Health Care Information Council and HMOs in Texas worked together to provide this information. Our goal is to help consumers make health care decisions based on quality and not just cost.

Health Maintenance Organizations (HMOs)

There are many different types of managed health care. This guide focuses on one of the most common - health maintenance organizations (HMO). HMOs provide a wide range of health services and preventive care through networks of doctors, hospitals, clinics, pharmacists, and other care providers. The HMO coordinates the services of its network of providers and monitors the quality of care its members receive. Generally, individuals and/or their employers pay a monthly fee for membership in the HMO. Members also pay a small fee (called a co-pay) at the time health care services are rendered. Members choose a primary care physician to manage their health care from the doctors available through the HMO, including referrals for specialty care, laboratory and x-ray services, and hospitalization when needed.

By law Texas HMOs must offer their members the option of also purchasing a point-of service (POS) plan or rider. POS riders allow HMO enrollees to receive services from providers outside of the HMOs' network without prior approval from a network physician. If enrollees use providers inside a plan's network, the plan operates like a traditional HMO. If enrollees use providers outside a plan's network, the plan operates like a traditional indemnity insurance plan and covers some proportion of the expense.

You can obtain more information about HMOs from the Texas Department of Insurance's (TDI) brochure called *Health Maintenance Organizations*. This brochure is available on TDI's website at www.tdi.state.tx.us or by calling 1-800-599-7467.

Performance Measures

All Texas HMOs with more than 5,000 members are required by state law to provide information about their services and practices to the Texas Health Care Information Council. HMOs use a specific set of objective performance measurements called HEDIS[®] (Health Plan Employer Data and Information Set) to report their information. HEDIS[®] standards were developed by the National Committee for Quality Assurance (NCQA), a nonprofit organization recognized as an authority on managed care quality.

The performance measures included in this guide are:

- Board Certification
- Provider Turnover
- Breast Cancer Screening
- Cervical Cancer Screening
- Prenatal Care in the First Trimester of Pregnancy
- Well Child Check-ups in the First 15 Months of Life
- Eye Exams for Diabetic Retinal Disease, and
- How People Rated Their Health Plan.

Plans included in this booklet provided services between January 1 to December 31, 2000 and reported their HEDIS measures using calendar year 2000 data. For some of the measures, plans were allowed to report data from calendar year 1999. The intent of this strategy was to reduce the reporting burden to health plans while still providing consumers with relevant and accurate data. Plans reporting 1999 data are identified for each measure.

Service Areas and Plans

All HMOs offering services in any county in the **Gulf Coast Texas** region are included in this guide, even if they are headquartered in a city outside the region. Not all HMOs provide services in every county in the region. A list of counties in the **Gulf Coast Texas** region can be found on the following page.

The following health plans are represented in this guide:

- Aetna US Healthcare (Houston)
- AmCare (Statewide)
- Cigna Healthcare of Texas (Houston)
- Family Health Center (Galveston)
- FIRSTCARE (Waco)
- HMO Blue, Southeast Texas (Houston)
- HMO Blue[®] Texas (Houston)
- Humana Health Plan of Texas (Houston)
- Methodist Care (Southeast Texas)
- One Health Plan of Texas (Houston)
- Pacificare of Texas (Houston)
- Prudential Healthcare (Houston)
- Seton Health Plan (Austin)
- United Health Care of Texas (Houston/Corpus Christi)

Gulf Coast Texas

The Gulf Coast Texas region corresponds to Texas Public Health Region 6 and includes the following counties.

Austin
Brazoria
Chambers
Colorado
Fort Bend
Galveston
Harris

Liberty
Matagorda
Montgomery
Walker
Waller
Wharton



How to Read This Report

Curious about how your HMO compares to the regional and state average? Each performance measure in this report is presented on two pages. The first page describes the measure and provides state and region averages. The second page presents the results of the measure for each HMO in bar chart format.

The state and region averages are computed using data from all HMOs that reported to the Texas Health Care Information Council.

When available, we have also provided comparable national public health goals. Healthy People 2010 objectives, issued by the U.S. Centers for Disease Control and Prevention, are widely accepted goals for all public and private health care organizations.

You'll need more than a snapshot of quality measures to make decisions about the right HMO for you and your family. The following page lists other things that may be important to you when choosing a health plan.

Some Other Important Things to Consider

Availability: Does the HMO you are interested in provide services in the area where you live or work?

Benefits: Does your HMO offer the benefits you want? By law, all HMOs must provide basic health care services, but not all benefits are the same from plan to plan. The HMO that best fits your family's needs depends on many factors, such as your age and the ages of your children, your family's health, and whether someone in your family needs special care. Choose your HMO carefully and select a plan that offers what's important to you, not necessarily a plan that offers a broad range of health care services that you may not need or use.

Choice: Is your family physician or specialist a member of the network of providers for the HMO that interests you? If not, are you willing to change doctors? Usually it will cost more to see a doctor or specialist who is not a member of the HMO network. If you must select a new doctor, be sure to ask the HMO if there are doctors in the plan who will meet your needs and who are accepting new patients.

Costs: Are there significant cost differences among the plans you are considering? Premiums can vary from one HMO to the next. So can co-payments you have to make for doctor visits, prescriptions, hospital stays, and visits to the emergency room. Be sure to compare the costs of the plan with the level of service it provides in making your final choice.

PERFORMANCE MEASURES

Board Certification - Primary Care Physicians

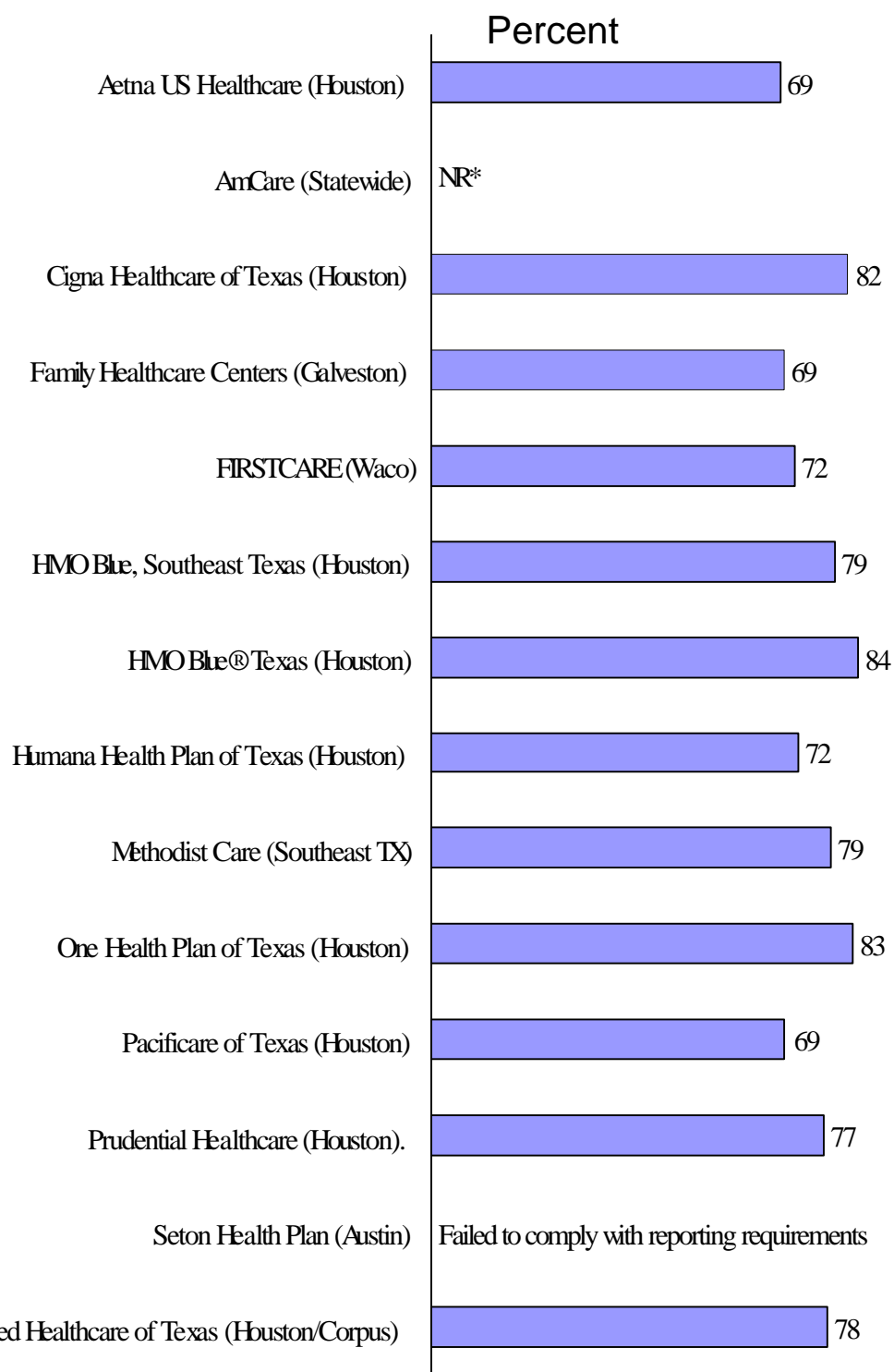
Definition: The percentage of primary care physicians in each HMO who are board certified.

Board certification provides information on the credentials of the physicians who belong to the plan. If physicians are board certified, it means they have completed residency training and a certification program in their specific field of practice. The percentage of board certified physicians in each plan does not directly measure the quality of every doctor in the plan. It provides basic information about the credentials of the plan's physicians.

The graph on the next page shows the percentage of primary care physicians in each HMO who are board certified.

Regional and State Averages	
Gulf Coast Texas	76%
Texas	78%

Board Certified Primary Care Physicians



* NR: Failed to submit the required data or data not verified by an NCQA certified auditor.

Practitioner Turnover

Definition: The percentage of primary care physicians affiliated with the health plan as of December 31, 1999 who were NOT affiliated with the plan as of December 31, 2000.

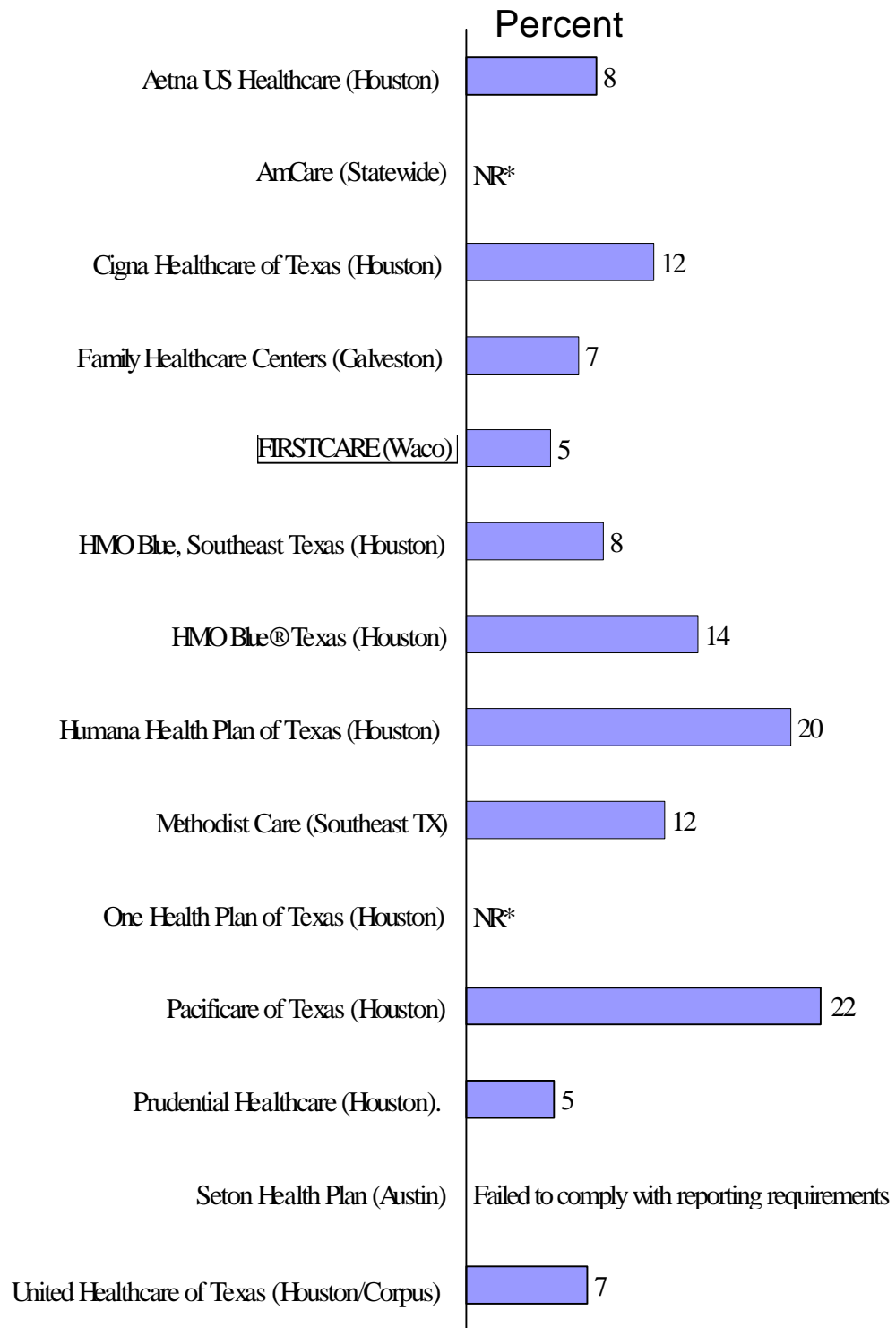
A primary care physician is usually a family doctor or internist who provides your regular and basic health care. Most people like to see the same provider over time. Developing a good relationship with your provider can increase the effectiveness of the care you receive. In managed care plans, your primary care physician (PCP) arranges your health care. The PCP refers you to a specialist when you need one.

Providers may end their affiliation with the health plan for many reasons, and some provider turnover is normal due to physician's retiring or relocating their practices. Some health plans may end their affiliation with providers because they are not following the plan's standard of care.

The graph on the next page shows the percentage of primary care physicians in each HMO who left the health plan during 2000.

Regional and State Averages	
Gulf Coast Texas	11%
Texas	13%

Practitioner (Primary Care) Turnover Rate



* NR: Failed to submit the required data or data not verified by an NCQA certified auditor.

Note: For this measure, lower rates indicate better performance.

Breast Cancer Screening

Definition: The percentage of women 52 through 69 years of age using the HMO who received a mammogram within the past two years.

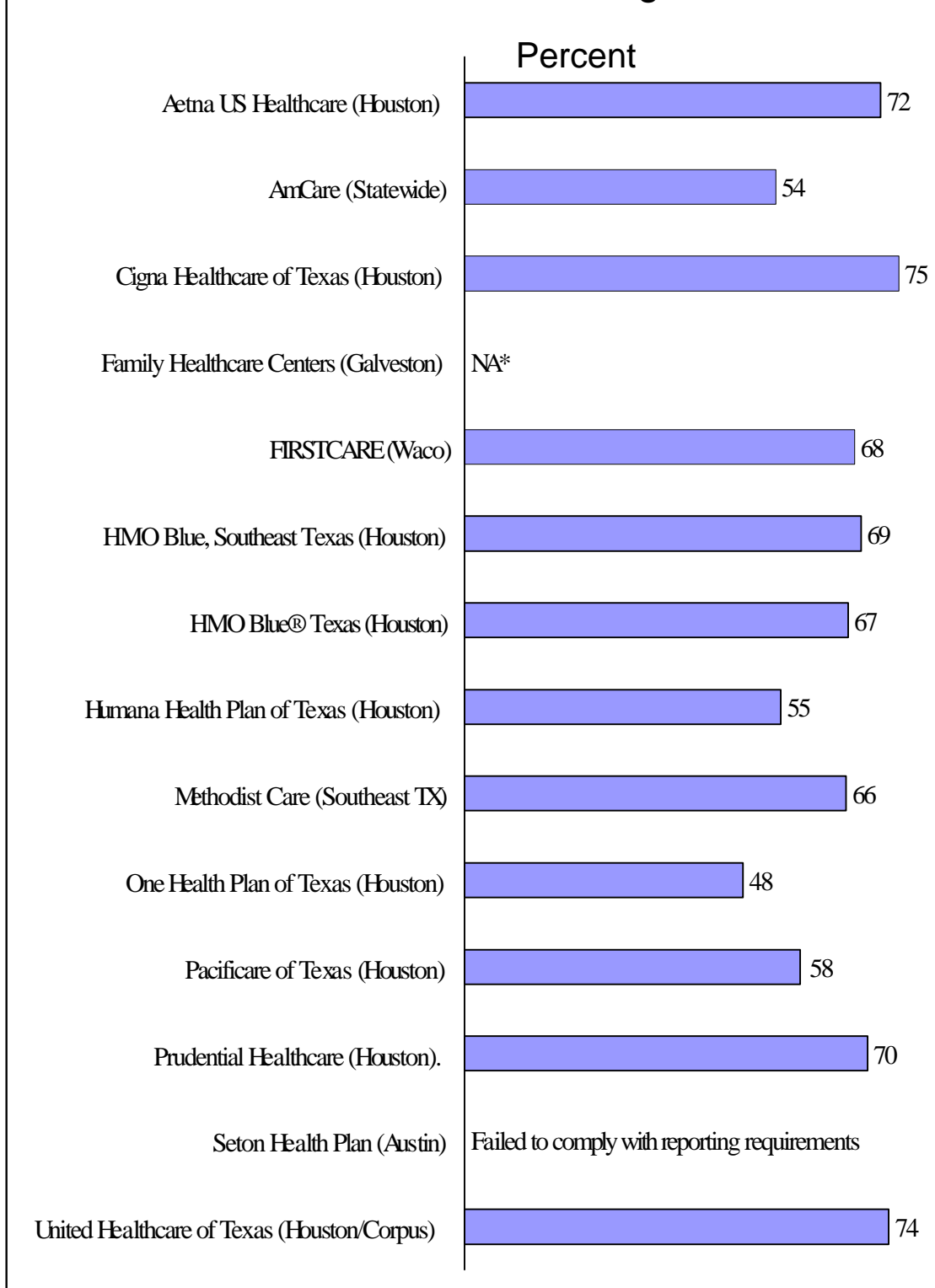
Breast cancer is the second most common form of cancer among American women. More than 180,000 women are diagnosed each year with breast cancer. The earlier breast cancer is found, the better the chances for successful treatment. Mammogram is one of the best ways to detect breast cancer at an early stage. A mammogram is an x-ray of the breast that identifies tumors which are too small to be detected by self-examination. Mammograms, through early detection, have been shown to reduce breast cancer deaths by 20 to 40 percent among women 50 years and older.

The graph on the next page shows the percentage of women age 52 through 69 years old in each HMO who had a mammogram during the past two years.

Regional and State Averages	
Gulf Coast Texas.....	65%
Texas	68%
Healthy People 2010 Goal*.....	70%

* See page 9

Breast Cancer Screening Rate



* NA: The plan did not have a large enough sample to report a valid rate.

Cervical Cancer Screening

Definition: The percentage of women 21 through 64 years of age using the HMO who received a Pap test within the past three years.

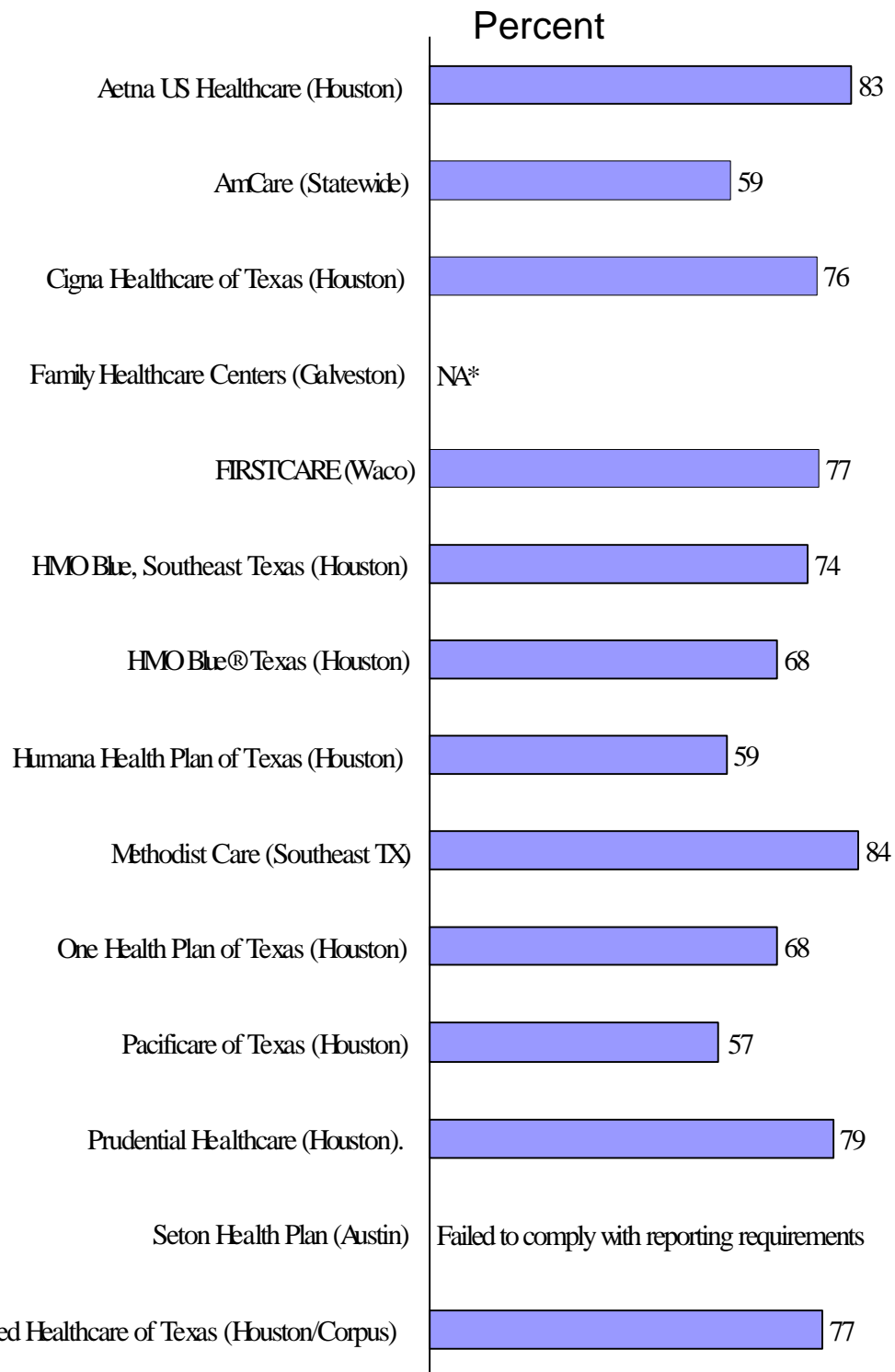
Each year about 15,000 women in the US learn that they have cancer of the cervix. Cervical cancer can often be cured when it is found and treated early. The use of the Pap test to find cervical cancer early has been credited with reducing the number of deaths from cervical cancer by as much as 75 percent. A number of organizations, including the American College of Obstetricians and Gynecologists, the American Medical Association, and the American Cancer Society recommend Pap testing every one to three years for all women who have been sexually active or who are over 18 years old.

The graph on the next page shows the percentage of women ages 21 through 64 years old in each HMO who had a Pap test during the past three years.

Regional and State Averages	
Gulf Coast Texas.....	72%
Texas	72%
Healthy People 2010 Goal*	90%

* See page 9

Cervical Cancer Screening Rate



* NA: The plan did not have a large enough sample to report a valid rate.

Prenatal Care in the First Trimester of Pregnancy

Definition: The percentage of pregnant women using the HMO who began prenatal care in the first trimester of pregnancy.

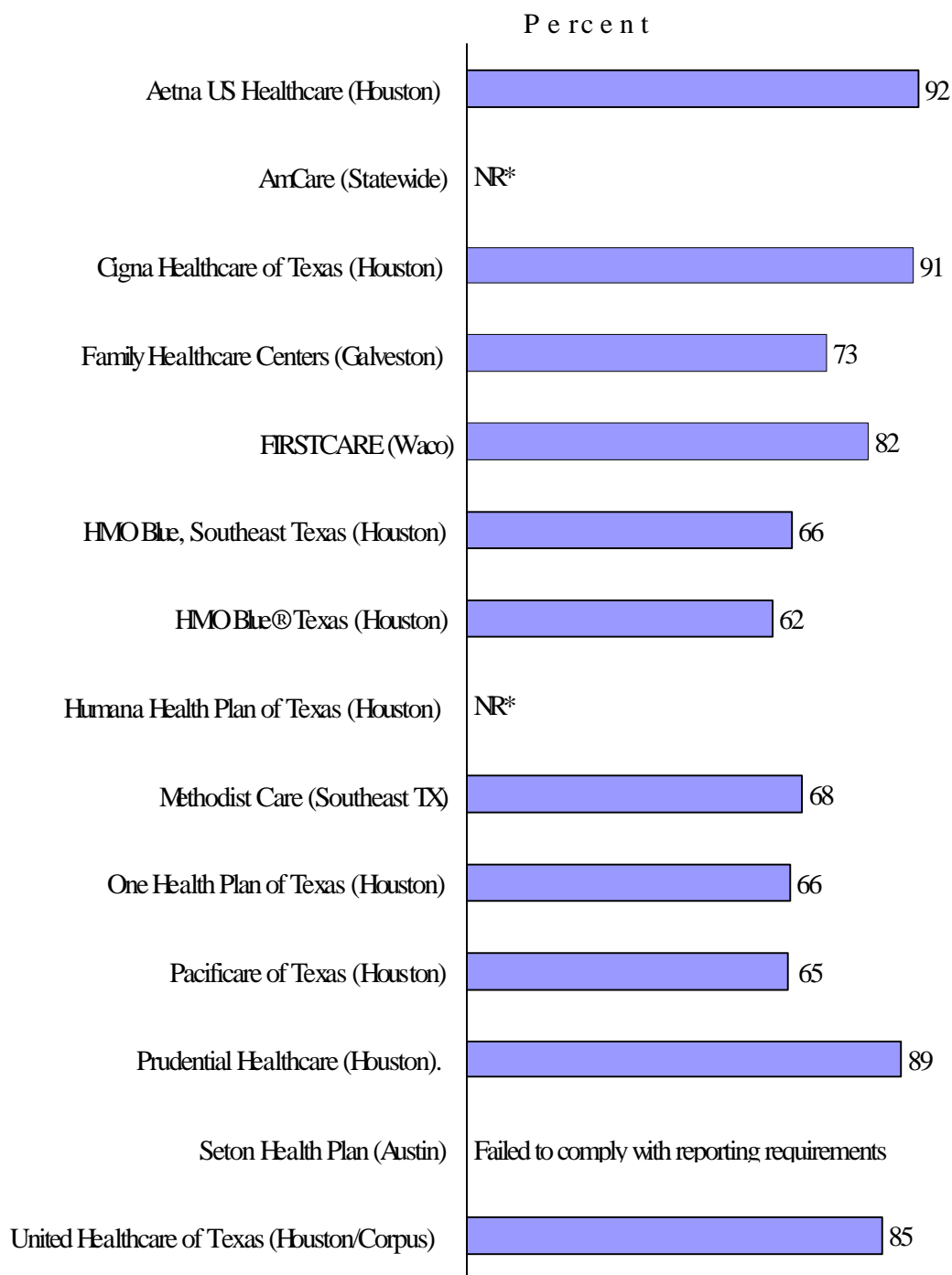
Studies show that women who receive prenatal care starting in the first three months of pregnancy have healthier babies than women who receive no prenatal care or begin care later in their pregnancy. Early prenatal care can reduce the risk of a premature birth and infant death.

The graph on the next page shows the percentage of pregnant women in each HMO who received prenatal care during the first trimester of pregnancy.

Regional and State Averages	
Gulf Coast Texas.....	76%
Texas	76%
Healthy People 2010 Goal*	90%

* See page 9

Prenatal Care in First Trimester of Pregnancy



* NR: Failed to submit the required data or data not verified by an NCQA certified auditor.

Well-Child Visits in the First 15 Months of Life

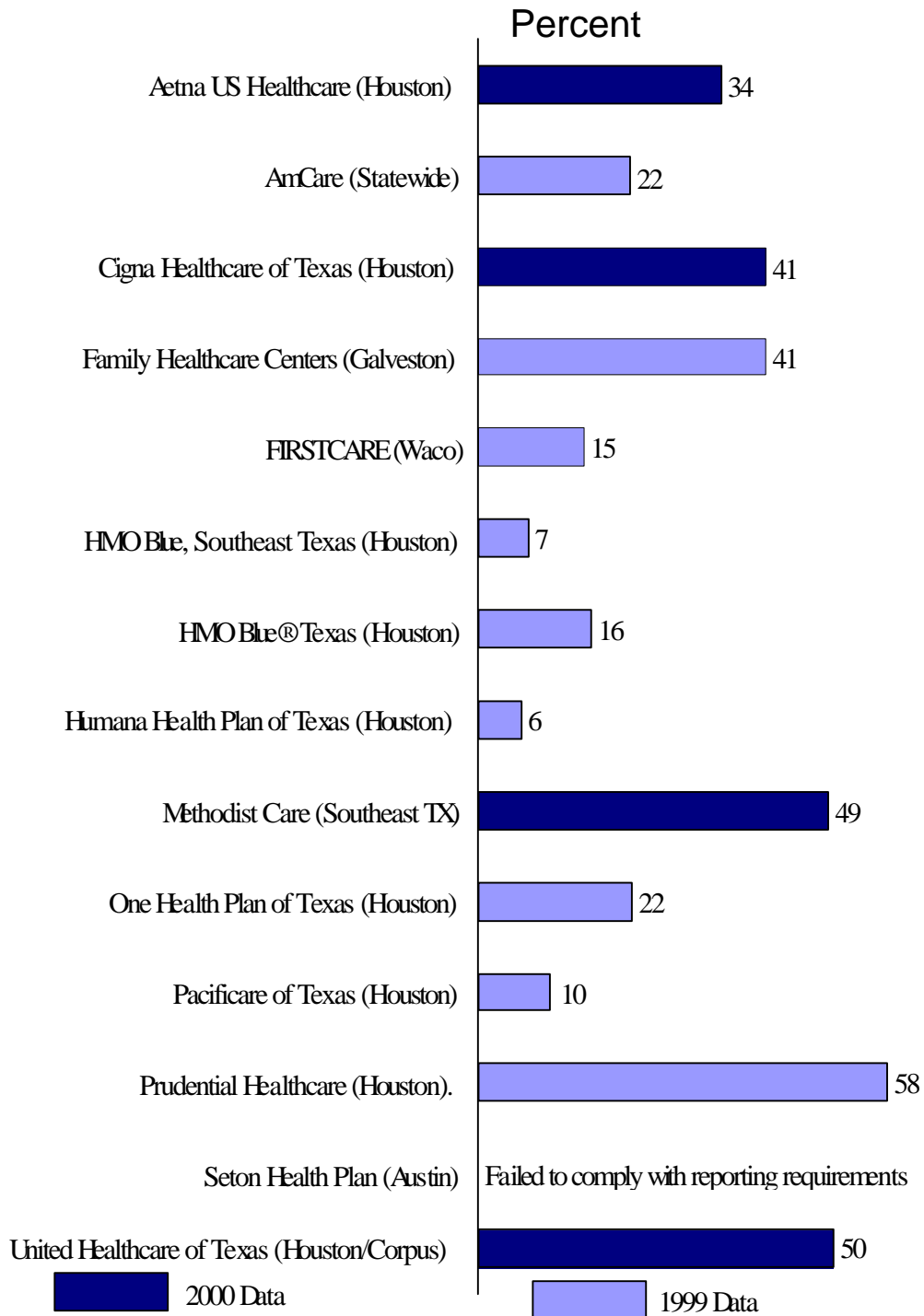
Definition: The percentage of children using the HMO who received at least six well-child check-ups by 15 months of age.

The American Academy of Pediatrics recommends that babies have six check-ups before age one to track and monitor their health and development. These visits also provide the doctor a chance to offer guidance and counseling to parents. Immunizations to protect children from diseases such as chicken pox, measles, and rubella are included as part of regular well child check-ups.

The graph on the next page shows the percentage of children in each HMO who received at least six well-child check-ups by 15 months of age.

Regional and State Averages	
Gulf Coast Texas.....	30%
Texas	30%

Well Child Check-ups in the First 15 Months



Eye Exams for Diabetic Retinal Disease

Definition: The percentage of members with diabetes (Type I and Type II) 18 through 75 years of age using the HMO who had a dilated eye exam during the past year.

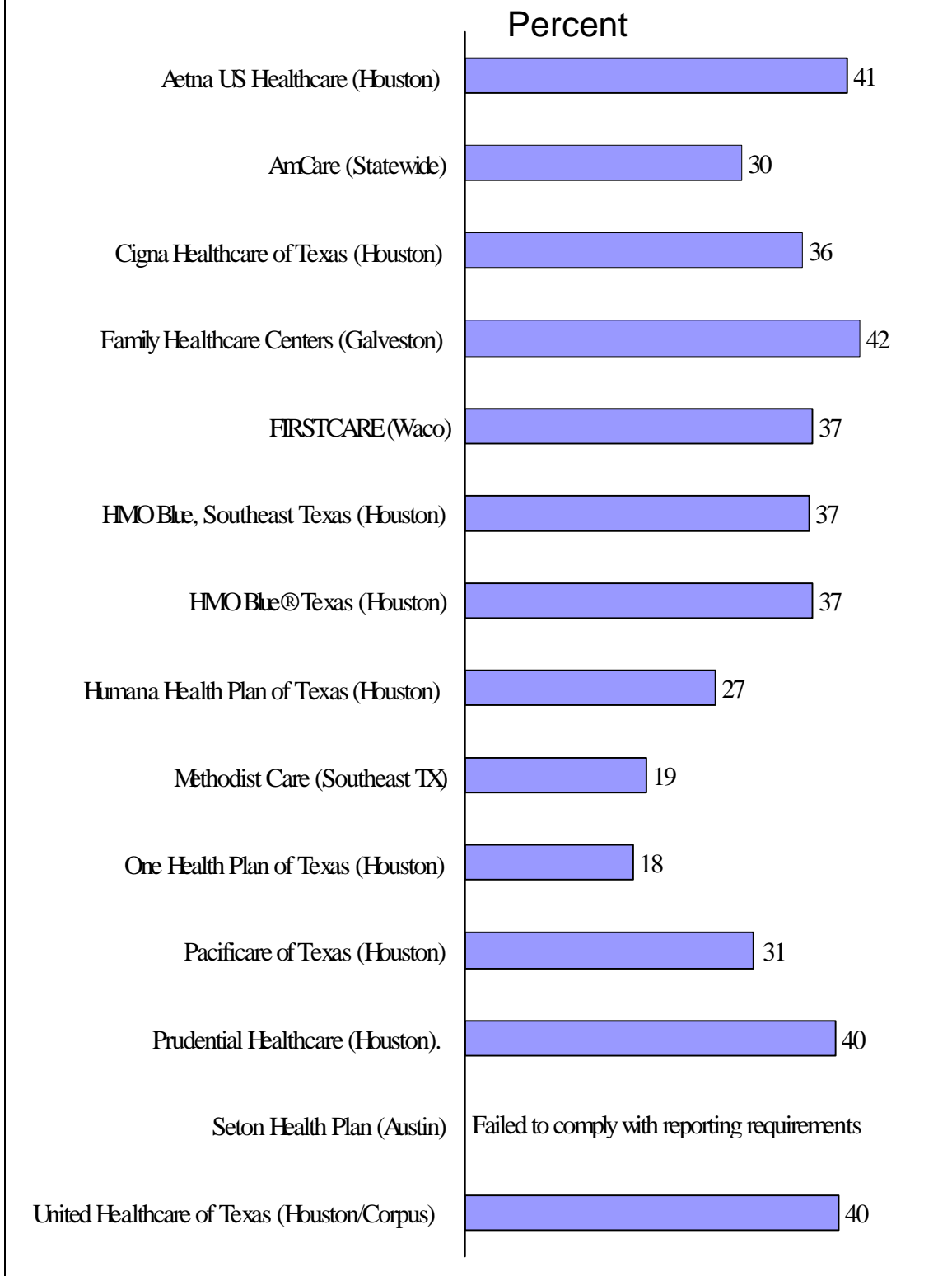
According to the American Diabetes Association, almost 16 million Americans have diabetes and over 700,000 new cases are diagnosed every year. Diabetes is the leading cause of new cases of blindness for people 20 through 74 years of age, resulting in an estimated 12,000 to 24,000 diabetics losing their sight each year.

Although diabetic retinopathy (diseases of the retina) is a common complication of diabetes, early detection and treatment of eye disease can prevent this disease from progressing to blindness. Regular dilated retinal exams are considered the most effective method for early detection of diabetic retinopathy.

The graph on the next page shows the percentage of diabetics age 18 through 75 years old in each HMO who had a dilated eye exam during the past year.

Regional and State Averages	
Gulf Coast Texas.....	34%
Texas	37%

Eye Exam for Diabetic Retinal Disease



How People Rated Their Health Plan

Definition: Survey responses of HMO members who were asked to rate their health plan, where 0 is the worst plan possible and 10 is the best plan possible.

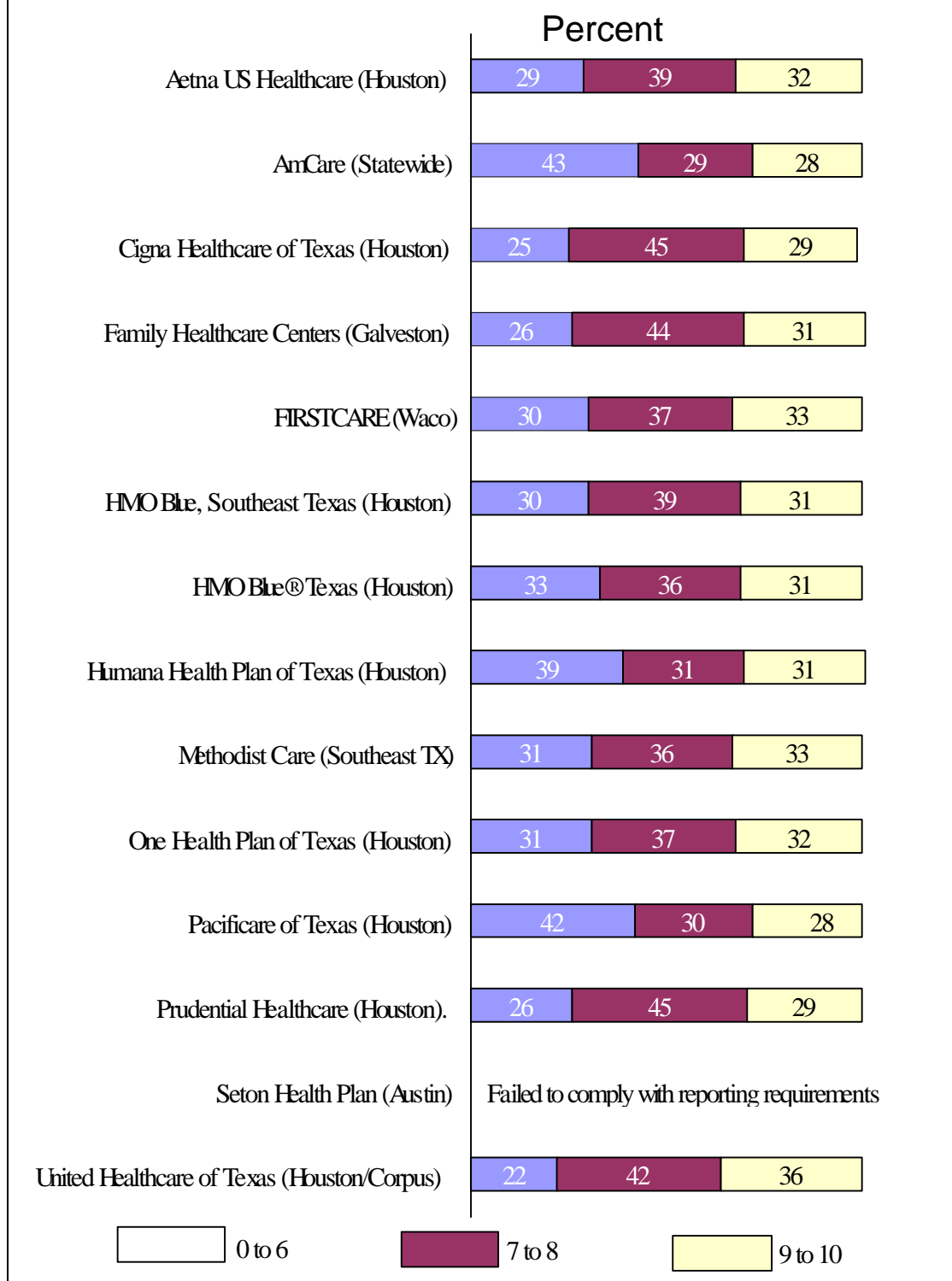
The graph on the next page shows the percentages of plan members in each HMO who rated their plan a 0-6, 7-8, or 9-10.

A guide published by the Office of Public Insurance Counsel, *Comparing Texas HMOs 2001*, contains results from other member survey questions and can be found at www.opic.state.tx.us or by calling (512)322-4143.

Regional and State Average:

	Percent surveyed who rated the plan 0 - 6	Percent surveyed who rated the plan 7 or 8	Percent surveyed who rated the plan 9 or 10
Gulf Coast Average	31	38	31
Texas Average	29	36	35

How People Rated Their Health Plan



Note: Percentages are rounded-up to nearest whole number and may not add to 100.

Other Information

Other important information you will want to know about HMOs.

Product: HMOs may include their POS products when calculating their performance measures that are included in this report. The table on the next page shows which HMO reported on their HMO membership only or combined their HMO and POS memberships to report.

HMO Size: HMO membership as of 12/31/2000. This provides an overview of the health plan size during the reporting period.

NCQA Accreditation: The National Committee on Quality Assurance (NCQA) started its accreditation program in 1991 because consumers want fair and objective information about health plans. A national oversight committee assigns one of five possible accreditation levels - Excellent, Commendable, Accredited, Provisional, or Denied. Approximately 50% of all HMOs in the nation are involved in the NCQA accreditation process.

Other Quality Indicators

Plan name	Product	HMO Members (Commercial) 12/2000	NCQA Accreditation
Aetna US Healthcare (Houston)	HMO/POS Combined	218,422	Excellent
AmCare (Statewide)	HMO/POS Combined	27,871	
Cigna Healthcare of Texas (Houston)	HMO/POS Combined	243,307	
Family Healthcare Centers (Galveston)	HMO	14,488	
FIRSTCARE (Waco)	HMO	23,586	
HMO Blue, Southeast Texas (Houston)	HMO	31,840	
HMO Blue® Texas (Houston)	HMO/POS Combined	271,043	
Humana Health Plan of Texas (Houston)	HMO	31,386	
Methodist Care (Southeast TX)	HMO	63,209	
One Health Plan of Texas (Houston)	HMO	17,370	
Pacificare of Texas (Houston)	HMO	27,793	Commendable
Prudential Healthcare (Houston).	HMO/POS Combined	201,494	Commendable
Seton Health Plan (Austin)*	*	*	*
United Healthcare of Texas (Houston/Corpus)	HMO/POS Combined	120,401	Accredited

* Failed to comply with reporting requirements.

EXCELLENT- NCQA's highest accreditation status granted to plans that demonstrate levels of service and clinical quality that meet or exceed NCQA's rigorous requirements and also achieve HEDIS results that are in the highest range of national or regional performance.

COMMENDABLE- NCQA's second highest accreditation status granted to plans that demonstrate levels of service and clinical quality that meet or exceed NCQA's rigorous requirements.

ACCREDITED- NCQA's third highest accreditation status granted to plans that meet most of NCQA's basic requirements for consumer protection and quality improvement.